Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

28944137279

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |              |   |               |                      |                                  |                  |       | SMALL ENTITY TYPE                       |                        | OTHER THAN<br>OR SMALL ENTITY |                         |                        |
|--|--------------|---|---------------|----------------------|----------------------------------|------------------|-------|---|------------------------|-------------------------------|-------------------------|------------------------|
| TOTAL CLAIMS   |              |   | ١٦            |                      |                                  | 31,2             | [     | RATE                                    | FEE                    |                               | RATE                    | FEE                    |
| FOR  |              |   | NUMBER FILED  |                      | NUMBER EXTRA                     |                  |       | BASIC FEE                               | 355.00                 | OR                            | ASIC FEE                | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |              |   | \ 7 minus 20= |                      | · Ø                              |                  |       | X\$ 9=                                  |                        | OR                            | X\$18=                  |                        |
| INDEPENDENT CLAIMS   |              |   | 7 minus 3 =   |                      | 4                                |                  |       | X40=                                    |                        | OR                            | X80=                    |                        |
| MU   | LTIPLE DEPEN | DENT CLAIM P                              | RESENT        |                      | ′ 🗆                              |                  |       | +135=                                   |                        | OR                            | +270=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |              |   |               |                      |                                  | į                | TOTAL |   | OR                     | TOTAL                         | 310                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |              |   |               |                      |                                  |                  |       | SMALL E                                 | NTITY                  | OR                            | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |              | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        | •   | Minus         | ••                   |                                  | =                |       | X\$ 9=                                  |                        | OR                            | X\$18=                  |                        |
|  | Independent  |   | Minus         | ***                  |                                  | =                |       | X40=                                    |                        | OR                            | X80=                    |                        |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP   | ENDEN                | T CLAIM                          |                  | )     | +135=                                   |                        | OR                            | +270=                   |                        |
|  |              |   |               |                      |                                  |                  |       | TOTAL<br>ADDIT. FEE                     |                        | OR                            | TOTAL<br>ADDIT FEE      |                        |
|  |              | (Column 1)                                |               | (Colu                | ımn 2)                           | (Column 3)       | _     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        | -                             |                         |                        |
| AMENDMENT B  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUI<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        | •   | Minus         | ••                   |                                  | =                |       | X\$ 9=                                  |                        | OR                            | X\$18=                  |                        |
|  | Independent  | •   | Minus         | •••                  |                                  | =                |       | X40=                                    |                        | OR                            | X80=                    |                        |
|  | FIRST PRESE  | NTATION OF M                              | IULTIPLE DEF  | ENDEN                | II CLAIM                         |                  | J     | +135=                                   |                        | OR                            | +270=                   |                        |
| ·  |              |   |               |                      |                                  |                  |       | TOTAL<br>ADDIT, FEE                     |                        | OR                            | TOTA<br>ADDIT. FEI      |                        |
|  |              | (Column 1)                                |               | (Coli                | umn 2)                           | (Column 3        | )     | 7,001, 22                               |                        |                               |                         |                        |
| AMENDMENT C  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIC<br>NU<br>PRE\    | MEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        |   | Minus         | ••                   |                                  | =                |       | X\$ 9=                                  |                        | OR                            | X\$18=                  |                        |
|  | Independent  | ·   | Minus         | •••                  |                                  | =                |       | X40=                                    | ,                      | OR                            | X80=                    |                        |
|  | FIRST PRESE  | NTATION OF I                              | MULTIPLE DE   | PENDE                | NT CLAIM                         | <u> </u>         | ٢     | +135=                                   |                        | OR                            | +270=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |              |   |               |                      |                                  |                  |       | TOTAL                                   |                        | OR                            | TOTA                    | L                      |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |              |   |               |                      |                                  |                  |       |   |                        |                               |                         | L. E.                  |